

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>03/16/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>NH</i>	<i>617</i>	<i>9-20-00</i>
RESPONSE FORMALITY REVIEW	<i>QHS</i>	<i>854</i>	<i>11-8-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/14/99
2	✓
3	✓
4	✓
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6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy